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CONFIRMATION NO. 7073

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/547,441	08/26/2005	600	2624	8249-85744

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yes, /AF/

**** CONTINUING DATA *******

This application is a 371 of PCT/SG03/00043 02/27/2003

**** FOREIGN APPLICATIONS ******* no /AF/**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/26/2006

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/ATIBA O FITZPATRICK/ Examiner's Signature	AF Initials	SINGAPORE	11	53	1

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TITLE

METHOD AND APPARATUS FOR EXTRACTING CEREBRAL VENTRICULAR SYSTEM FROM IMAGES

FILING FEE RECEIVED 2770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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